

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0005005111 File Number: 0000109467 Submit Date: 03/26/2020 Call Sign: WCVQ Facility ID: 61253 Cit

FORT CAMPBELL State: KY

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/26/2020 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WCVQ - WKFN - WQEZ - WRND - WVVR - WZZP EEO Report.
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SAGA COMMUNICATIONS OF TUCKESSEE, LLC Doing Business As: SAGA COMMUNICATIONS OF TUCKESSEE, LLC	73 KERCHEVAL AVENUE GROSSE POINTE FARMS, MI 48236 United States	+1 (313) 886-7070	fcclicenses@sagacom. com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gary S. Smithwick , Esquire . Legal Counsel SMITHWICK & BELENDIUK, P.C.	Mr. Gary S. Smithwick 5028 WISCONSIN AVE. N.W. SUITE 301 WASHINGTON, DC 20016	+1 (202) 363- 4560	GSMITHWICK@FCCWORLD. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
14915	WRND	OAK GROVE	KY	No
61260	WQEZ	FORT CAMPBELL	KY	No
65202	WKFN	CLARKSVILLE	TN	No
73970	WVVR	HOPKINSVILLE	KY	No
61253	WCVQ	FORT CAMPBELL	KY	No
83979	WZZP	HOPKINSVILLE	KY	No

Program Report Questions

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Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Tracie Beckham	Business Manager

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	03/26 /2020
Certified Title	Vice President
Authorized Party Name	Katie Gambill

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018-2019 EEO Public File Report- 3- 24-20.pdf	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and/or Conversion
2019-2020 EEO Public File Report and Addendum - 3-24-20.pdf	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
Outreach Activities 2018-2019 and 2019- 2020.pdf	Applicant	Narrative Statement	Narrative Statement - Outreach Activities	Done with Virus Scan and/or Conversion